

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled

“Integrated Point-of-Care Systems and Methods”

the specification of which is attached hereto.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under Title 35, United States Code §119(a)-(d) or (f) or §365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or §365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application(s):

<u>Number</u>	<u>Country</u>	<u>Foreign Filing Date</u>	<u>Priority Claimed?</u>	<u>Certified Copy Attached?</u>
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
(Number)	(Country)	(MM/DD/YYYY)	Yes No	Yes No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
(Number)	(Country)	(MM/DD/YYYY)	Yes No	Yes No

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.

60/463,999

(Application Number)

April 18, 2003

(Filing Date)

(Application Number)

(Filing Date)

I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §365(c) of any PCT International application designating the United States, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

(Application Number)

(Filing Date)

(Status -- patented, pending, abandoned)

(Application Number)

(Filing Date)

(Status -- patented, pending, abandoned)

POWER OF ATTORNEY: I hereby appoint the attorney(s) and/or agent(s) associated with the customer number **22830** to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

SEND ALL CORRESPONDENCE TO:

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of first inventor: Baird M. Smith Citizenship: U.S.A

Print First Name, Middle Name or Initial (if applicable), Last Name

Inventor's signature: _____ Dated: _____

(Permanent ink only)

(Date of Signature)

Mailing Address: 17780 Bruce Avenue, Monte Sereno, CA 95030

(Where the inventor customarily receives mail: Number, Street, City, State, Zip Code)

Residence Address: _____

(if the inventor lives at a location different than his/her mailing address)